SAN DIEGO family

EMERGENCY RESPONDERS KIT

SPECIAL NEEDS RESOURCE FOUNDATION OF SAN DIEGO

Patient: _____

Date of birth: _____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip: _____

Care Giver: ☐ Conservator ☐ Guardian

Name: _____ Relationship: _____ Cell # _____

Name: _____ Relationship: _____ Cell # _____

☐ *Letters of Conservatorship Attached*

Diagnoses: _____ _____ _____

_____ _____ _____

About: _____

_____

_____

_____

_____

_____

_____

☐ *Prone to wander / Likely to be found:* _____

Communication Needs:

☐ Wears hearing device ☐ Wears glasses ☐ Assistive device (describe) _____

Sensory Issues:

☐ Noise / Sound ☐ Bright lights ☐ Textures ☐ Sensory seeking touch ☐ Sensory avoiding

What is helpful in engaging or calming?

☐ Music ☐ Stuffed animal ☐ Video game ☐ Books ☐ Preferred food

☐ Other (please list) _____

SDRC Case Manager / Support Coordinator: _____

Phone #: _____

Recent (within the past year) relevant medical history, including allergies and adverse reactions to medication

_____

_____

Crisis intervention & coordination services in place:

Organization / Agency: _____

Contact Name: _____

Email: _____ Phone # _____

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Call if the person has lost control, unable to follow directins, or may cause harm:

Name:_____ Relationship:_____ Phone #_____

Name:_____ Relationship:_____ Phone #_____

Behaviors include:

☐ Non compliant with routine task request (ig: refuses meds)
☐ Violence to self or others and/or property
☐ Increasingly intensive aggressivness
☐ Quick bursts of energy, such as pacing back and forth
☐ Other:_____

Warning signs that help or support may be needed:

☐ Stressors:_____
☐ Thoughts / Mood:_____
☐ Behaviors:_____
☐ Triggers:_____
☐ Drinking alcohol or drug use
☐ Other:_____

Things that can be done to stay safe are:

☐ Take medications as prescribed
☐ Coping skills:_____
☐ Activities:_____
☐ Distractions:_____

People & places that can provide support or help are:

Support:_____ Phone #:_____

Support:_____ Phone #:_____

Places to go:_____

_____

Professionals & agencies to use during a crisis are:

☐ ACL (888) 724-7240 (option 2 for more)
☐ 9-8-8
☐ 9-1-1
☐ Other:_____
☐ The WARMLINE (800) 930-WARM (9276)
Hours: 3:30pm - 11pm, 7 days a week, closed holidays
☐ CSU / ESU or hospital choice:_____

Additional resources and referrals:

_____

_____

_____

_____

_____

Health insurance / PRIMARY

Company: _____ Number: _____

☐ *Copy of Card Attached*

Health insurance / SECONDARY

Company: _____ Number: _____

☐ *Copy of Card Attached*

Preferred hospital: _____

Address: _____

Doctor / Dentist:	Specialty:	Address:	Phone:

Medications:	Physician:	Dosage:

☐ *See attached for additional medications*

Pharmacy: _____

Address: _____ Phone # _____

Who to contact for emergency medication: _____